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A Practical Guide for Building a Domestic Violence Training and Consultation Program Within Child Welfare Agencies

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Acknowledgements

This book was written for the purpose of sharing what has been learned by a pilot program for Co-located Advocacy in Arapahoe County Colorado. After two years of working together in collaboration, the pilot program ended. I would like to acknowledge the work that Arapahoe County Department of Human Services (ACDHS), National Institute for Change and some key people from Gateway Domestic Violence Services put into this program. In working as their only Co-Located Advocate, I had the privilege of encountering many caseworkers, supervisors and administration who were passionate about learning about domestic violence as well as expanding the program. There was, and likely still is, a great deal of desire to make changes to their system. National Institute of Change (NIC) was the sole Domestic Violence Treatment Program accepting civil case referrals for treatment from ACDHS. The commitment of Phillipe Marquis and Amanda Hua to bring offender services to the civil arena despite no purview under the DVOMB and great risk to their practice, licensure and livelihoods was inspiring. There are others in other counties, but I had the privilege of partnering with NIC and want to acknowledge their role in making change and serving families. Although Gateway was not particularly ready for the role of Co-Located Advocate, there were a few key people who saw the vision clearly and supported it with everything they could. Tomeka Speller and Leah Raulerson were leaders with vision. I believe that had they had the chance to build this program to their liking, without interference from above, it would be a very different state of affairs at this time. Additionally, my teammates, Shannon Cunningham, Kelsey McKenna and Aura Baney always had my back and kept me going when it was the hardest. Their shared knowledge encompasses many years and areas of expertise that I never could have attempted to accumulate myself. Lastly, Lindsey Spraker, Director of Lifelong Inc and Jennifer Eyl, Director of Project Safeguard were and are my mentors. Without their support, knowledge, and passion I would not have gotten as far as I did in building the program. They are pioneers in the word of domestic violence and it is their insight and reflection that allowed me to process the good, bad and ugly of the pilot program and lay it before you in this publication.

It is my hope that Co-Located Advocacy or a version of a domestic violence training and consultation program be in every county across the nation. Our current system, while better than it has ever been, is in dire need of redirection. There is no mandatory training in domestic violence in any profession other than those that work directly with offenders or victims. The complete lack of understanding for what domestic violence is, how to identify it, how to support survivors and what treatment is needed for offenders has created a system built to be used as a weapon against victims. Domestic Violence is much more complex and in-depth than what most people believe it to be. I have found that the fact that most professionals don't know what they don't know and are not being asked to find out, is the single most dangerous component to victim safety other than the perpetrator themselves.

Before moving forward, I would like to acknowledge the language being used in this document. I will use perpetrator, offender and abuser to describe a person using abuse. An offender is often the label used in criminal systems. A perpetrator is used often before a charge or conviction has occurred. Abuser is a term used in recognizing the distinct difference in roles when speaking to a victim. Conversely, I will use victim and survivor interchangeably to describe the person being abused/perpetrated against. Traditionally, I have found that professionals understand the term victim more clearly. It is used in the criminal system and in nonprofits when describing services to others (ie: victim service organization). This helps clearly define who our focus should be on. However, when speaking directly with victims, the term survivor is used more commonly to help empower them. They have survived and identifying this helps them understand that they can move forward and make changes for themselves. Also, when referring to victims in child welfare, I am referring to not just the direct victim but also their children. The children are victims of family violence. The partner is a victim of domestic violence. Family violence encompasses a family unit. Domestic Violence occurs between two people who are in or have ever been in an intimate relationship. The abuser's tactics are abusive for all and all are victims. I will use domestic violence in place of domestic abuse and intimate partner violence. All three describe the same dynamic so for simplicity's sake, I will only use the one term. This is not meant to undermine or minimize the other terms, only to keep the document consistent. Lastly, I want to state that I have done my best to use gender neutral terms for the abuser and victim. However, it must be said that a majority of abusers are men, and a majority of victims are women. When it was needed to distinguish more clearly, I have used he/him for the abuser and she/her/hers for the victim to remain aligned with what is most common. I wholeheartedly acknowledge that there are male victims and female offenders.

In addition to my use of language, I want to acknowledge that domestic violence is wrought with contradictions, gray lines, confusion and misunderstanding. I recognize that the line between victim and offender is gray at times and is always extremely difficult to navigate. I hold to my teachings that, when carefully analyzed, it will become apparent who is carrying the power and control and who is reacting to a lack of power and control. However, I want to say clearly that this distinction is often difficult to determine for even the most experienced domestic violence expert. This is one of the many reasons I continue to champion the idea of the domestic violence training and consultation program within child welfare and beyond. This work is not meant to be done alone and, without collaboration, there will be no end to the current failings to the victims.

Introduction

Before embarking on understanding how to build a Co-Located Advocacy program within a child welfare agency, it is best to define the role itself and understand a little background.

Co-Located Advocacy has likely been around since non-profit victim organizations were created. There has likely consistently been a motivated Advocate and an inquiring Caseworker working together to support a victim somewhere at any time since victim services became available. However, historically, child welfare agencies and non-profit victim service agencies do not "play" well together. This is because they are approaching the victim and family differently.

CHILD WELFARE

Child welfare must approach the family as a whole. By policy, a caseworker must be attempting to keep the family together and to reunify as soon as possible if separated. Additionally, they must interject with as little interference as possible and treat the family as the experts. This is all built into CORE training. And until just this year (2022) there was NO ability to make a *finding* of abuse or neglect based solely on exposure to domestic violence. A finding is when a child welfare agency, through an investigation completed by their Intake Caseworker, determines that abuse or neglect has occurred and documents this in their system known as TRAILS. Technically, the law (HB 1099) that passed in 2021 allowing this new finding based on domestic violence exposure, does not go into effect until January 2023. Caseworkers previously relied on another finding titled "injurious environment" but could rarely use this unless the child was physically present in the room during a physical altercation. For those of you who work in domestic violence, you can imagine how small of a percentage of cases this encompassed. Otherwise, to seek treatment for the abuser (if they could easily identify who it was) there would need to be a separate concern and the caseworker would need to simply fold in these additional concerns into the treatment plan. Additionally, you add in the complexities of the DVOMB not accepting purview yet over civil case referrals (all child welfare cases are in the civil court). Then consider that child welfare agencies do not understand that the only person technically qualified and recognized as having the expertise to offer treatment for an abuser (that we can reasonably ascertain) is a Domestic Violence Offender Management Board (DVOMB) approved provider. Add the fact the DVOMB treatment is rooted in accountability and thus was built for criminal charges that could be referenced when the client becomes resistant to taking responsibility. Then give this information to a Respondent Parent Counsel (RPC), the attorney representing the parent in their involvement with child welfare.

When a Caseworker asks for an offender evaluation and/or treatment they *should* be asking for a DVOMB Approved Provider. Most often they don't, and an unqualified person provides treatment (ie: anger management) which most often ends in escalation, victim heavy case planning, victim blaming or at best,

no change at all. However, if they DO ask for DVOMB treatment, they must first find one willing to operate outside the purview of the standards they work under. Then must prove to the court that, despite having any allowable finding that would need to be addressed, the offender needs at minimum to be evaluated then treated if recommended. If the court agrees, then a good RPC will argue that the DVOMB does not accept purview over civil referrals and that treatment would require the client to incriminate themselves. This puts the Caseworker back to partnering the family with ineffective and often more dangerous treatment. Ultimately, the Caseworker will often, seeing that the victim is engaging in services and is the "safer" parent, lay the entire treatment plan for supporting the children on the victim (victim heavy case planning) putting expectation on the victim to keep the children safe from the abuser. When the victim doesn't, due to power and control dynamics not understood by the Caseworker, they are told they lack *protective capacity* and are not keeping their children safe. This has resulted in many scenarios but most often results in one or more of the following:

A. A victim slipping into a trauma response. Fawning – doing everything the caseworker asks until the case closes. Fighting – yelling, reporting to administration, refusal to cooperate, seemingly unhinged and/or chaotic behavior. Fleeing or Freezing – no response to child welfare, no case progress and/or leaving the county or state, often with the abuser.

B. Removal of the children from the victim.

C. A victim being torn between pleasing their abuser or their Caseworker, both of which carry power and control over their lives and that of their children. The victim simply chooses the one that feels the safest (sometimes fluctuating between them) and moves forward because gaining treatment for themselves is not a priority at that time.

Child welfare often closes out under the premise that the victim will keep the children safe, leaving the victim defenseless once more with no professionals involved to hold the abuser firmly in their place. This results in high recidivism for these cases and an endless cycle of abuse for the family.

While it would be wonderful to believe that the new addition to the Children's Code, allowing for this more specific finding will fix a majority of the issues, it is important to note that under this new finding, a victim can also now have a finding for abuse of neglect for allowing their children to be exposed to domestic violence. Without proper education about coercive control, power and control dynamics, the cycle of abuse and more, this opens a door for further victimization through the system. Training for child welfare will become imperative as this moves forward.

VICTIM SERVICES

Victim services approach this family from a victim centered viewpoint. Support, safety planning, resources, etc for the victims. This includes the victim and their children. They have no desire to engage or seek treatment

for the abuser. They are simply asking the victim what they need and offering it to the best of their abilities. However, victim advocates need only 15 hours of training to become an advocate; and most are survivors of domestic violence themselves. Many have witnessed and/or experienced child welfare agencies not providing the support their victims need and are not trained in how to advocate to child welfare or collaborate with child welfare for the benefit of their clients.

A healthy victim service organization will have services meant to target their clients with education, non-judgmental support, safety, and the comfort of basic necessities so the client can stop focusing on basic needs and begin focusing on higher level needs. They will empower the victim to care for themselves and their children by giving them what they need, when they need it for as long as they need it until they can stand on their own two feet. They ask nothing of them.

Victim service organizations, unfortunately, carry a high turnover, an ever-fluctuating menu of services offered that come and go with employees coming and going, and the burden of being unable to pay well due to the nature of being a non-profit. They don't have additional funds to train their advocates and certainly do not have the time to devote to attending meetings with all of their clients who are involved in child welfare.

The education of our society and professionals involved with families impacted by domestic violence has unfairly and inappropriately landed on the shoulders of the non-profit victim service agencies. This expectation to educate tens of thousands of people in education, police departments, healthcare, civil and criminal systems, child welfare and more, is an impossible task and has, thus, fallen to the wayside. Victim service organizations are overwhelmed with victims at any given moment in time. There is never enough money, never enough resources and there is always someone slipping through the cracks.

Having said that, a multitude of victim service agencies have not reached across the table to learn more about where their "adversaries" are coming from. The long-fought battle of protecting the victim has resulted in advocates furthering the trauma of victims by participating in making child welfare professionals the enemy. Victims are often feeling victimized, rightly so, but instead of assisting the victim in understanding the system and finding a way to alter the path, many advocates participate in supporting a wedge between the caseworker and the victim. This creates an even more difficult dichotomy for the Caseworker to navigate. This is a disservice to the victims. It reduces opportunity for a rapport to be built. It reduces access to services that could be paid for by DHS. It furthers the idea that nobody wants to help the victim which is a tool already being used by the abuser. And it teaches victims that the system is easily split and triangulated, which is what their abuser is doing. This increases the victim's feeling of hopelessness and helplessness. This is not empowering and must end.

While it is easy to look at all that is difficult about this system, through the cracks, we see the light. This guide is what I believe to be the best path with the tools currently at our disposal based on the expertise of dozens of professionals I interacted with in the two years I served as the ACDHS Co-Located Advocate.

Community Partnerships

Community Partnerships are the cornerstone of Co-Located Advocacy. Without a strong and robust relationship with your treatment providers and victim service agencies, there is no program.

First, find out who is serving in each of their respective services in your county. Ask for a meeting to discuss the options with each and select your agency based on their resources, their desire to collaborate and their commitment to the partnership. In many counties, you may only have one choice, particularly in victim services. However, these initial meetings often take quite some time. Do not begin services until contract are clearly laid out and specific people within those agencies are assigned and trained as outlines below. Recognize that the child welfare agency will need to pay either hourly or simply as a salaried contract for the Advocate from the victim service agency and the offender agency. The offender agency is going to be a private practice that cannot bill for any of these services so this will need to be a new contract. The victim service agency will need to specifically designate, at minimum, two advocates or domestic violence trained therapists. These advocates will be dedicated to working within your child welfare agency. In a larger county, many professionals may be needed from both partnerships which would likely be most cost effective in salaried positions. In a smaller county, one person on each side offering support at an hourly expense, may be more appropriate.

Take the time to write a contract outlining, at minimum, the following:

- How the child welfare agency will pay each partnering agency (salary, hourly)
- How much will be paid for each. Will the child welfare agency assist with benefits for the individual(s)?
- Tasks expected of those professionals
- What documentation is required from all agencies and how that documentation will be recorded and disseminated.
- How adjustments will be made (ie: monthly team meetings)
- Who makes decisions about changes to the program, how and when.
- The available hours of the professionals in those positions
- Any other considerations specific to your county.

In the end, counties understand their own needs. After reading this, I hope each reader can determine the beginning needs of their county regarding serving offenders and victims, then grow from there. It is okay to start small or go big right out of the gates. Do what works and be flexible.

Adaptability is key. You will make mistakes; you will have to rework things. The important part is that everyone knows the team (all three agencies) is there to learn and grow together and mutual support will be paramount.

"All failure is failure to adapt, all success is successful adaptation." – Max McKeown

DOMESTIC VIOLENCE OFFENDER TREATMENT PARTNERSHIP

The Domestic Violence Offender Management Board (DVOMB) was created in 2000. The DVOMB is a state board that manages domestic violence offender treatment providers. These are referred to as DVOMB Approved Providers. These providers not only need to carry a version of registration, certification or licensing through DORA (see how to become an approved provider here) but then must complete several hours of training and hundreds of hours of experience being supervised (by providers allowed to supervise) in order to apply. DVOMB approved providers have specific systems built into their monitored programs to reduce triangulation and manipulation of the system, work with advocates on their teams (Treatment Victim Advocates) and to assess how dangerous an offender is. They are equipped to work with offenders of all levels, in groups or individually, to collaborate with professionals, to keep victim safety at the forefront and have the highest level of insight into offender behavior. Anyone not approved as a DVOMB approved provider *may* carry similar qualifications but to determine if they are qualified, an agency would need someone well versed in the topic to research their qualification and determine eligibility. To summarize, in order to assure your client is receiving treatment for their offending behavior, you will need to utilize the expertise of a DVOMB Approved Provider to determine if and what type of treatment is appropriate, what supporting services are needed to encourage success in treatment, and to provide domestic violence treatment. No other type of provider is qualified according to the state of Colorado. Anger Management is not DV treatment. Couples Therapy is not currently supported by research as appropriate and individual therapists that do not carry this background and knowledge, often unintentionally do more harm than good.

The caveat is that currently the DVOMB Standards only operate around criminal case referrals. A documentable criminal charge is a large component of holding the offender accountable. Having said that, there are several agencies that will accept civil case referrals. A civil case referral is a referral from domestic relations court, any hearings involving a restraining order or any referral from the department of human services that does not also have a criminal charge involving domestic violence related to the same concerns brought forth by the child welfare agency.

The DVOMB is currently addressing this issue. In May of 2022 they approved the release of a white paper written by the Civil Cases Workgroup. Read it here. This paper is step one in understanding the relationship the DVOMB and civil cases will have in the future.

Your partnership with a DVOMB Approved Provider should include:

- Consultation Hours for one-on-one contact with Caseworkers and an Approved Provider regarding potential abusers, during business hours.
- Evaluations of clients to determine if treatment is appropriate and at what level.
- Team teaching with your Co-Located Advocate to offer ongoing training.

Offering training in child welfare as included below would be beneficial for the Offender Agency as well, but not as necessary as it is for the victim advocate positions. Often the agencies being partnered with may already have experience working within child welfare as a contracted provider. If they are new, some training on processes would be recommended.

VICTIM SERVICE AGENCY PARTNERSHIP

It is important to understand what is available to you before deciding which direction to go with your victim service agency. First and foremost, find out what private agencies, domestic violence shelters and non-profit victim service organizations are serving your county.

You need at least two individuals trained in domestic violence who are willing and able to receive child welfare training to be able to provide combined knowledge. As mentioned previously, Victim Advocates need only 15 hours of training to be recognized by confidentiality laws and operate as an Advocate. Many agencies will call these Advocates “Counselors”. I want to be clear in stating these are NOT licensed counselors. They carry a variety of experience and background but are most likely not licensed in any way. Community agencies sometimes have Therapists on staff as well. These Therapists would be in a variety of stages of licensing most likely. They could be licensed, unlicensed, working on hours for licensure, in school completing their degree, etc. They would, however, be expected to complete the 15 hours of advocate training as well as additional trainings that would pertain directly to working with victims of domestic violence. These Therapists are often carrying a full caseload, with long waitlists. They cannot take on all of your county’s DV victims as client. They could fulfill this role though, given their experience and if they met the below qualifications. Regardless, the combined knowledge carried within a community agency is invaluable. Advocates who have access to a team, who works solely with domestic violence victims, for problem solving with families and professionals is incredibly important.

Under this same logic, a private practice agency with a team of advocates OR advocates and therapists who work solely with domestic violence victims could also be an option for a victim service agency community partnership.

These advocate training hours most often come from Violence Free Colorado (VFC) or Colorado Organization for Victim Assistance (COVA). VFC primarily focuses on community advocate training (non-profits) and COVA primarily focuses on system advocates (District Attorney, Sheriff's office type advocates). Some agencies require more hours than the 15 and some agencies require time shadowing other advocates. Regardless, the well-informed advocate is likely to become this way through experience and ongoing training over time. I want to be clear when I say, getting someone 15 hours of training in Domestic Violence is not sufficient to perform the role of Co-Located Advocate. They need, in my opinion, two years minimum of direct service working with victims in domestic violence as an advocate in addition to the 15 hours of training and more. The advocate eligible to work a Co-Located Advocate would have, in addition to two years of direct DV Victim work as an advocate, have completed training in:

- Safety Planning
- Resource Management and Partnerships
- Crisis Management
- Trauma Informed Care
- Professionalism/Professional Collaboration
- Offender Behavior Characteristics
- Power and Control/Coercive Contol
- The Cycle of Abuse
- Red Flags for Abusive Relationships
- The Difference Between Abuse, Violence and Control
- Healthy vs Unhealthy Relationships
- The Effect of Domestic Violence on Children
- Cultural and Ethnic Considerations in Victim Services
- Victim Self-Care
- Understanding offender treatment and evaluation under the DVOMB

Upon moving into the position, the advocate would then complete training within the county designated to understand child welfare. This could include:

- Shadowing Caseworkers
- Completing the county specific onboarding trainings
- Completing the state CORE Academy
- A training built specifically to allow the advocate to understand the policies, procedures and standards that govern the child welfare agency as well as witness the different functions of the job. It would be important for the advocate to be trained in:
    - Child welfare investigations
    - Permanency/Ongoing Casework
    - Hotline
    - Differential Response
    - Red Team or similar (evaluation of whether to accept a report for investigation)
    - The Children's Code (Volume 7)
    - Decision Making
    - The different roles in child welfare (ie: Guardian ad Litems, CASA, Respondent Parent Counsel, Nurse consults, placement navigators, foster parents, etc)
    - Voluntary vs Court Involved
    - Service Coordination
    - Placement Coordination
    - Parenting Time Coordination
    - Resources available to the county and its clients
    - The Colorado Domestic Violence Practice Guide for Child Protective Services - click here to read (this is currently in the process of being updated as of the writing of this guide)

For a successful program, *two advocates must be hired.* One to provide consultation to Caseworkers and one to provide direct service to victims. In larger counties there may be two teams of advocates. It is a conflict of interest to advocate for a client as a direct service victim advocate AND consult with the child welfare staff about how to move forward. This is incredibly important and not to be overlooked.

An advocate providing direct service to a client is bound by confidentiality laws. They cannot discuss anything with the caseworker that is not clearly outlined in a Release of Information (ROI). This restricts the Advocate to very specific information. This is to protect the victim and provide for safety. Ideally this advocate, with the knowledge they carry, would advocate for a strong relationship with the child welfare agency and would support the client in feeling empowered enough to share important information. However, victim advocates are and always will provide victim centered services. By nature of this position, one cannot also consult with the child welfare agency. However, their knowledge of child welfare AND domestic violence makes them a uniquely qualified advocate.

An advocate consulting with a Caseworker cannot be working with directly with the client. They must consult from the perspective of an advocate being able to brainstorm without the bias of being the service provider for the client or being bound by confidentiality. This allows the advocate to provide information to the child welfare agency/Caseworker that benefits their decision making.

Example:

Lisa became involved with the department of human services through a domestic violence incident that culminated in her being strangled by him in front of the children. One of her younger children were injured in the incident. Police arrived and called child welfare. She initially tried to convince police and child welfare that it was her fault and that he should not be arrested. He was arrested, she let him return home after bailing him out of jail. Child welfare investigated, making a finding of abuse due to the young child being injured citing an injurious environment created by the father and mother's lack of protective capacity. A safety plan was created that stated she was not to allow him back in the home until child welfare could assess and find treatment for all members of the family.

> *In scenario A with only ONE advocate consulting and providing direct service: The Advocate begins working with the victim who discloses to her that he has asked to see the children once a week for an hour and, in return, will give her money for rent and necessities until this is over. This advocate can either break confidentiality and tell the caseworker in order to disclose the manipulation and coercive control OR maintain confidentiality, allowing the caseworker to believe everything is going well and both parents are following the safety plan. Either the advocate loses the trust of the victim, rendering the advocate useless in her support OR the case closes with the mother carrying sole responsibility of keeping the children safe against her abuser.*
>
> *In scenario B with TWO separate advocates: The direct service advocate learns of this information and slowly works with the client in building rapport with child welfare. This*

advocate attends decision making meetings and home visits to support the client in building this relationship, maintaining confidentiality and the trust of the client in order to be able to continue serving her during the case and beyond case closure if necessary. Consultant advocate educates the Caseworker on the dynamics of power and control, identifying that this victim was financially dependent on her abuser and that coercive control was present. This advocate encourages the caseworker, once some rapport is built, to ask about how the bills are being paid. This advocate encourages victim centered language, teaches the caseworker empowerment strategies to use during meetings with the victim and educates the Caseworker on the cycle of abuse occurring at the moment. Advocate shares the knowledge to the Caseworker that the couple is in the honeymoon phase which is when a victim is most vulnerable to being manipulated back into the relationship and that offering financial resources that make her more independent from him would aid in her feeling empowered and safe enough to leave, with department assistance. Client is supported through an exit from the relationship which is the most dangerous time and has the resources to care for herself and her children.

There are a multitude of other scenarios that create conflict. Being called to testify as a witness for the county, being able to speak with offender treatment services to provide perspective, offering unbiased analysis of a case and more. The point is these must be two separate people.

Choosing your advocates will be a process and the investment in them will be great, but the result will be a drastic positive change to the quality of work your agency provides.

Consultations

Consultations are the most straightforward part of the position. This is one-on-one, in the field training. A child welfare agency professional identifies there is a family on their caseload that may be impacted by domestic violence and sets up a consultation to seek information, collaborative brainstorming and resources for that family with both consultants (the offender consultant and the victim consultant). As long as the victim consultant is not directly working with any clients, these consultations can occur together though they do not need to.

The offender consultant will discuss more specifically the offender and whether they are a candidate for assessment/evaluation and what that may look like. They can offer suggestions for engaging the client in services, coordination of scheduling for the client and can gain background from the caseworker prior to assessment. This collateral information is extremely beneficial to a more thorough evaluation.

The victim consultant will discuss more specifically the victim. This includes education about where the victim may be in the cycle, trauma responses, how to empower the victim, suggestions for resources for the victim (including her children) and how to build rapport. This consultant can also support the Caseworker in building a safety plan, writing treatment objectives that are supportive of the victim and lay the responsibility for change on the offender as well as communicate when victim blaming language or victim heavy case planning are occurring.

Consultations can occur multiple times throughout the life of the case or just once. Consultations can occur with individuals, in teams, with administration and with ANY member of the child welfare agency or their other contracted consultants. In Arapahoe county I consulted with CASAs, Nurse consultants, members of the legal team, supervisors, hotline staff, caseworkers from every department, parenting time supervisors and more. The advocate providing consultation is the county's DV expert to tap whenever needed. They have the most up to date resources at the ready and spend most of their time in individual meetings with professionals.

This advocate should collect data, at minimum, on the number of cases they consult on to begin to track the need in their county.

Some considerations:

If the county does not mandate that a caseworker seek a consult on DV identified cases, the advocate will need to spend time marketing themselves to the staff. This should include weekly or monthly newsletters with information, open office hours, videos for review for new hires, meet and greets and more.

If the county does mandate case consults, there should be consideration for a specific standard operating procedure to determine if DV is present. This should be one of the first additional trainings Caseworkers receive and should be consistent in the county.

Regardless of this choice, a DV team should be formed to meet regularly (quarterly at minimum) to talk over the program. This team is the higher-level consulting that results in adaptation when the program needs to be adjusted to fit the needs of the population within the county. This meeting offers an opportunity to discuss policy changes, procedures, needs, funding, services and more to better provide for victims. This team should include:

- Administration from the child welfare agency.
- Administration from the offender treatment service agency.
- Administration from the victim service agency.
- The direct service advocate.
- The consultant advocate.
- Supervisor and Caseworker representatives.
- A member of the legal team.
- A member of the child welfare training team, if applicable.
- Ongoing/Permanency casework representative.
- Intake/Investigative casework representative.
- Any additional consultants whose work may impact the program (ie: representative from services for clients with disabilities, nurses, the school system in your area, etc)

Consultative services are the small corrections, one case at a time, that impact the larger picture over a longer period. It is teaching by doing and a slow collection of statistical data that will inform child welfare practice at it's core.

Direct Service

The direct service advocate is essentially the traditional victim advocate with knowledge of child welfare practices. A traditional victim advocate provides safety planning, crisis management and resources. This advocate ideally has a healthy relationship with the child welfare agency staff and can assist victims in working with the child welfare agency as they serve as an advocate. This is a more robust version of traditional advocacy. The right advocate for this position would not carry any biases toward child welfare and would understand clearly their role in the victim's life. Duties would include, but are not limited to:

- Safety Planning with child welfare, advocating for the victim's needs.
- Additional safety planning as needed/requested by the victim.
- Connecting victim to resources
- Assisting client get connected to services requested/offered by the department
- Crisis Management
- Assisting the victim in completing tasks that may feel overwhelming, such as making appointments or budgeting.
- Meeting regularly with the victim to determine needs
- Attending decision making meetings with the victim
- Attending court with the victim
- Advocating to child welfare and other involved professionals, when necessary, on behalf of the victim
- Attending child welfare home visits if/when appropriate
- Educating the victim on child welfare practices, policies and procedures to encourage healthy relationships between the child welfare agency and the victim.

Carrying the knowledge of child welfare practice will encourage a healthier understanding of what needs to occur for the victim and will aid the advocate in their job of advocating. It is difficult to advocate when you don't know the procedures, what is expected, what options there are and how to achieve what is expected. This person would work closely with the consultant advocate to understand what needs are present in the staff that may need to be considered when advocating to child welfare. This advocate would also identify areas that are consistently lacking in the child welfare staff knowledge base. Informing the consultant advocate about these areas will allow them to focus on the areas that need more support. This person is always focused on the victim,

is not allowed to be called to testify and will not release information the client shares unless they have a ROI or someone is in immediate danger.

This individual is an integral part of building the relationship between your victim service agency and child welfare and in helping the community heal from a long history of misunderstanding.

Training

Training is the backbone of the Domestic Violence Consultation and Training Program. Both advocates and the offender consultant can and should train in group trainings and are encouraged to work together as a team in doing so. Being the trainers builds a relationship with the child welfare agency and establishes their presence as experts. The Consultant Advocate should be the lead in coordinating and building trainings. The agencies should coordinate what will be mandatory and what will be offered as a "bonus" or continuing education. In my opinion, all these topics are important but how they are broken down is not. Lean on your experts who are building the trainings for your county to help determine what is mandatory. Suggested Domestic Violence Training Topics:

- Safety Planning for victims of domestic violence
- Knowing your state resources for victims and offenders
- Understanding victim services, the Victim's Rights Act (VRA) and a brief history of victim advocacy
- Understanding offender services and the history of the DVOMB
- Abuse, power and control – understanding the difference
- Coercive control
- Understanding confidentiality for advocates
- Crisis Management in domestic violence
- The power and control wheel
- Healthy vs Unhealthy relationships
- Cycle of abuse
- Red flags for abusive relationships
- Trauma responses – fight, flight, freeze, fawn or annihilate
- Impact of DV on children
- Offender tactics
- Victim heavy case planning

- Victim blaming language
- Victim empowerment
- The pyramid of harm and other forms of offender treatment
- Triangulation within the system
- How Caseworkers unintentionally trigger trauma responses
- Power and control dynamics of the Victim – Caseworker relationship
- Treatment Plan objectives for the victim
- Treatment plan objectives for the offender
- Long term support – knowing when and how to close the case
- Understanding the role of the various court systems in domestic violence
- Mandatory Protection Orders and Restraining Orders
- Understanding Domestic Relations court
- Guided practice in empowering language
- Cultural and ethnic considerations
- Co-dependency

INDIVIDUAL TRAINING

Due to the presence of consultations, a one-on-one training session is rare. Most cases of this type of training are when a specific, consistent type of behavior of a Caseworker is identified to be inappropriate or harmful to victims and they are in need of immediate training on a topic. This would likely only be conducted by the consulting advocate.

TEAM TRAININGS

These are offered to teams. For example, the entire team of hotline workers want to be trained in crisis management for DV Victims. This would be scheduled with the team on an as needed basis. A supervisor or administrator would likely be the one to request it. If a member of the team requests it, all efforts should be made to meet that need for the team via communication with the supervisor/administrator.

LUNCH & LEARNS

Offering specialized one-hour trainings monthly as an opportunity to learn about a specific topic in child welfare is helpful to encourage a closer look at certain dynamics, topics, concerns, etc. This also offers some time for more rapport building as a question-and-answer session should always follow, being mindful of the requests for a consultation to occur outside of this time.

LARGE SCALE TRAINING

An introduction to domestic violence should occur when onboarding new caseworkers. I referred to this as DV 101 in my program. I found that offering this training quarterly allowed for new staff to get it in along with all of their other onboarding requirements.

A more in-depth look at introductory topics should also be offered quarterly. I referred to this as DV 201 in my program. This is a guided practice of the skills learned previously as well as additional topics not previously covered. See lists of topics above.

SUPERVISORS AND ADMINISTRATORS

Training specifically offered to supervisors and administrators is incredibly important. This should not include any member of the general staff but should be a safe space for leadership to learn together. This will improve their skills as leaders and give them the grace to ask questions they may not ask in front of their subordinates.

CROSS TRAINING

Offering victim training for your offender service agency and offender training for your victim service agency will only improve the level of care offered to your respective clients and increase collaborative skills amongst the Co-Located Team. This will make offender treatment providers better clinicians and advocates more equipped to support victims. Special care should be taken to coordinate this.

Reflections & Considerations

It is said that with great failure comes wisdom. I believe that with every part of me. The program built for Arapahoe County was a wonderful first try. Other counties are also in their first try. Denver has a large in-house team. Adams county partners with Family Tree and many other smaller counties have found ways into working with their local agencies. I met with many and heard good and bad from each. What I found is no two programs are the same and nobody has it perfect. This is truly meant as a guide in sharing what I learned and my belief in what the ideal program would look like. Taking into consideration funding, the current state of relationships with your local service agencies, time, energy, the position of the county administrators and more, means it will take time to build your domestic violence consultation and training program to what serves your population and team best.

It has been considered that a Caseworker with history working as an advocate could fulfill some of these roles and that a private agency, vs a non-profit victim service agency, may also be a candidate for services. For example, a DVOMB Approved Provider will have to partner with a Treatment Victim Advocate who, in theory, could fulfill the role of direct service advocate as well. Then only a consultant advocate would be needed. Additionally, outsourcing the training to an agency specializing in this type of training would be helpful but also currently does not exist, hence the creation of The Training Collaborative.

Domestic violence is a pervasive issue that is consistently found in all of society. It is a topic that must be widely trained on, not just within child welfare. We will never know what we do not know until we learn it and discover the transformation.

Sources, Resources and Referenced Items

DVOMB Home Page:

https://dcj.colorado.gov/boards-commissions/domestic-violence-offender-management-board

DVOMB Approved Provider Requirements:

https://dcj.colorado.gov/dcj-offices/domestic-violence-and-sex-offender-management/become-an-approved-dvomb-provider

Colorado Children's Code:

https://www.sos.state.co.us/CCR/NumericalCCRDocList.do?deptID=9&deptName=500,1008,2500%20Department%20of%20Human%20Services&agencyID=107&agencyName=2509%20Social%20Services%20Rules%20(Volume%207;%20Child%20Welfare,%20Child%20Care%20Facilities)

House Bill 2021-1099:

http://ccionline.org/steering-committee/hb21-1099-policies-and-procedures-to-identify-domestic-abuse/

DVOMB White Paper:

https://cdpsdocs.state.co.us/dcj/DCJ%20External%20Website/DVOMB/Updates/DV%20Civil%20Cases%20WO%20Criminal%20Findings.pdf

Colorado Organization for Victim Assistance:

https://www.coloradocrimevictims.org/

Violence Free Colorado:

https://www.violencefreecolorado.org/

Colorado Domestic Violence Practice Guide for Child Protective Services:

https://coloradocwts.com/slug/domestic-violence-practice-guide-for-child-protective-services/